

PUNCHED
VERIFIEDARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 8478
3537

PLACE OF DEATH AND RESIDENCE 1238	1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN 29 yrs IN ARIZONA 29 yrs		2. USUAL RESIDENCE A. STATE Arizona	
	C. CITY OR TOWN Phoenix		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Phoenix <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
DECEDENT PERSONAL DATA 459 4 161	D. FULL NAME OF HOSPITAL OR INSTITUTION Maricopa County General Hospital				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 1443 E. Washington	
	3. NAME OF DECEASED (TYPE OR PRINT) ULYSSES FINLEY				4. SEX Male 5. COLOR OR RACE Negro	
OPERATIONS, AUTOPSY	6B. NAME OF SPOUSE Leona Finley		7. DATE OF BIRTH MONTH 7 DAY 20 YEAR 1902		8. AGE (IN YEARS LAST BIRTHDAY) 59	
	9B. KIND OF BUSINESS OR INDUSTRY Construction		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Texas		11. CITIZEN OF WHAT COUNTRY? U.S.A.	
MEDICAL CERTIFICATION	14A. FATHER'S NAME John Finley		14B. BIRTHPLACE (STATE OR COUNTRY) Texas		15A. MOTHER'S MAIDEN NAME Lula McGowan	
	16. INFORMANT'S SIGNATURE Mrs. Leona Finley ADDRESS 1443 E. Washington				17. DATE OF DEATH (MONTH) October (DAY) 15 (YEAR) 1961	
DEATH DUE TO EXTERNAL VIOLENCE	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Kimmelstiel-Wilson Syndrome DUE TO (B) Arteriosclerosis, general severe DUE TO (C) Arteriosclerotic heart disease II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Pulmonary embolism			
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			
CORONER'S CERTIFICATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM August 27, 1961 TO October 15, 1961 THAT I LAST SAW THE DECEASED ALIVE ON October 15, 1961 AND THAT DEATH OCCURRED AT 11:00 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.				22. SIGNATURE Monica H. D. (PRINT NAME OR TITLE)	
	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)	
FUNERAL DIRECTOR AND REGISTRAR	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?	
	24A. CORONER'S SIGNATURE				24B. ADDRESS	
129	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE 10-19-61		25C. NAME OF CEMETERY OR CREMATORY Greenwood Memorial Park	
	26A. DATE REC. BY LOCAL REG. 10/17/61		26B. REGISTRAR'S SIGNATURE Buried		26C. NAME OF CEMETERY OR CREMATORY Phoenix, Arizona	
27A. FUNERAL DIRECTOR'S SIGNATURE Alvin H. Wilson		27B. ADDRESS 1641 E. Jefferson		27C. DATE SIGNED 10-16-61		
28A. EMBALMER'S SIGNATURE Alvin H. Wilson		28B. EMBALMER'S CERT. NO. 353-11				